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Bib Data Sheet

CONFIRMATION NO. 3939

<b>SERIAL NUMBER</b> 09/784,383	<b>FILING DATE</b> 02/15/2001 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3732	<b>ATTORNEY DOCKET NO.</b> DEP0468	
<b>APPLICANTS</b> John C. Voellmicke, Providence, RI; Paul J. Mraz, Boston, MA; Robert Sommerich, Norton, MA; John Buonanno, Bristol, RI; Francis Peterson, Prescott, WI; Todd Bjork, River Falls, WI; Mark Duffy, Plainville, MA;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 04/27/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> RI	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 100	<b>INDEPENDENT CLAIMS</b> 27
<b>ADDRESS</b> Philip S. Johnson, Esq. Johnson & Johnson One Johnson & Johnson Plaza New Brunswick, NJ 08933-7003					
<b>TITLE</b> Vertebroplasty injection device					
<b>FILING FEE RECEIVED</b> 4200	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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CONFIRMATION NO. 3939

<b>SERIAL NUMBER</b> 09/784,383	<b>FILING DATE</b> 02/15/2001 <b>RULE</b>	<b>CLASS</b> 422	<b>GROUP ART UNIT</b> 3732	<b>ATTORNEY DOCKET NO.</b> DEP0468
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**APPLICANTS**

John C. Voellmicke, Providence, RI;  
Paul J. Mraz, Boston, MA;  
Robert Sommerich, Norton, MA;  
John Buonanno, Bristol, RI;  
Nolene Harris, Lytham St. Annes, UNITED KINGDOM;  
Neil Watkins, Preston, UNITED KINGDOM;  
Rick Kowalski, Preston, UNITED KINGDOM;  
Francis Peterson, Prescott, WI;  
Todd Bjork, River Falls, WI;  
Mark Duffy, Plainville, MA;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 04/27/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> RI	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 100	<b>INDEPENDENT CLAIMS</b> 27
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

Philip S. Johnson, Esq.  
Johnson & Johnson  
One Johnson & Johnson Plaza  
New Brunswick, NJ 08933-7003

**TITLE**

Vertebroplasty injection device

<b>FILING FEE RECEIVED</b> 4200	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit



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<b>SERIAL NUMBER</b> 09/784,383	<b>FILING DATE</b> 02/15/2001 <b>RULE</b>	<b>CLASS</b> 422	<b>GROUP ART UNIT</b> 1764	<b>ATTORNEY DOCKET NO.</b> DEP0468
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**APPLICANTS**

John C. Voellmicke, Providence, RI;  
Paul J. Mraz, Boston, MA;  
Robert Sommerich, Norton, MA;  
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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 04/27/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> RI	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 100	<b>INDEPENDENT CLAIMS</b> 27
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

Philip S. Johnson, Esq.  
Johnson & Johnson  
One Johnson & Johnson Plaza  
New Brunswick ,NJ 08933-7003

**TITLE**

Vertebroplasty injection device and bone cement therefor

<b>FILING FEE RECEIVED</b> 4200	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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